DEPRESSION AND ANXIETY 13:101–102 (2000)

POTENTIALLY TRAUMATIZING EVENTS IN PANIC DISORDER AND OTHER ANXIETY DISORDERS

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INTRODUCTION

It has been suggested that major life stressors and traumatic events are important factors in the etiology of panic disorder [e.g., Barlow, 1988; Faravelli, 1985; Mathews et al., 1981]. For example, it has been hypothesized that traumas, such as the death or severe illness of a friend or relative, are closely associated with the onset of panic disorder [Faravelli, 1985]. Consistent with this hypothesis are studies that showed that life events had a greater negative impact on panic patients than controls [Roy-Byrne et al., 1986; Rapee et al., 1990]. However, it is uncertain whether panic disorder patients also show a different trauma history than individuals with other anxiety disorders. The only study that specifically compared panic disorder patients and individuals with other anxiety disorders found no difference between these two groups when using a life event schedule to assess for trauma history [Rapee et al., 1990].

In order to further explore the role of extremely stressful events in individuals with panic disorder, we asked 76 individuals with a principal diagnosis of panic disorder and 90 individuals with other anxiety disorders about their past experience with potentially traumatizing events [i.e., extremely stressful life events that meet the Criterion A definition of "traumatic events" in the DSM-IV; APA, 1994]. A "principal" diagnosis was defined as the most distressing or interfering mental disorder. We hypothesized that participants with a principal diagnosis of panic disorder would be more likely to report such events than individuals with other anxiety disorders.

METHODS

All participants were consecutively admitted outpatients at the Center for Anxiety and Related Disorders at Boston University who received an anxiety disorder diagnosis based on the Anxiety Disorders Interview Schedule for DSM-IV: Lifetime Version (ADIS-IV-L) [DiNardo et al., 1994]. The average age of participants with panic disorder and individuals with other anxiety disorders was 34.4 (SD: 10.3) and 32.5 (SD: 11.58), respectively. More than half of them were female (total group: 58.6%; panic group: 52%; and anxiety control group: 59%), and 90% were Caucasian (all $P > .1$).

The principal diagnoses of the participants from the anxious control group included social phobia (n = 33), obsessive-compulsive disorder (n = 18), generalized anxiety disorder (n = 17), specific phobia (n = 13), and anxiety disorder not otherwise specified (n = 10). Individuals who met the DSM-IV diagnostic criteria for lifetime or current posttraumatic stress disorder were excluded from this analysis because the presence of a traumatic event is a necessary condition for this diagnosis.

All interviews were conducted by experienced and trained clinicians who were blind with regard to the study hypotheses. Senior clinicians blind to the purpose of this study conferred on all diagnostic interview findings. A random sample of 20 individuals received the same diagnostic assessment by two independent clinicians in order to estimate the reliability of the structured interview. Interviewers agreed on the principal diagnosis in 16 of the 20 cases. Inter-rater agreement of the age of onset of the principal diagnosis was .86, $P < .001$ (r increased to .96 when an outlier case was removed).

Exposure to PTEs was assessed during the ADIS-IV-L interview from participants' verbal response to the inquiry: "Have you ever experienced or witnessed a traumatic or life-threatening event such as assault, rape, seeing someone badly injured or killed, combat, accidents, or natural or man-made disasters?" This question was adopted from the Criterion A section of the DSM-IV post-traumatic stress disorder. Furthermore, interviewers recorded the date of the occurrence of each event reported. Participants' responses were then classified into one of seventeen categories using the Life Events Checklist, which is the first section of the Clinician-Administered PTSD Scale for DSM-IV: Current and Lifetime Diagnostic Version [Blake et al., 1996].

RESULTS

Of the 157 individuals who were included in the study, 48.4% reported PTEs in the past. As many par-

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Received for publication 24 April 2000; Accepted 27 December 2000

ticipants with panic disorders (55.2%) as individuals with other anxiety disorders (43.3%) reported at least one PTE χ^2 (1) = 2.17, $P > .09$ (one-tailed). Furthermore, as many participants with panic disorder (34.3%) as individuals with other anxiety disorders (24.4%) reported that one or more PTE occurred prior to the onset of the principal anxiety disorder diagnosis, χ^2 (1) = 2.35, $P > .09$ (one-tailed).

Individuals with panic disorder reported that the earliest PTE occurred on the average 14.3 years (SD: 10.56) before the onset of the panic disorder, whereas participants with other anxiety disorders reported that the event occurred on the average 10.7 (SD: 7.9) years prior to the onset of the disorder. This difference was not significantly different, t (43) = .43, $P > .2$.

The three most commonly reported PTEs among participants with panic disorder included physical assault (n = 5; 21.7%), serious accident at work, home, or other (n = 4; 17.4%), and "other stressful experiences" (n = 4; 17.4%). Among individuals with other anxiety disorders, the three most commonly reported PTEs included transportation accident (n = 8; 36.4%), sexual assault (n = 3; 13.6%), and physical assault (n = 3; 13.6%).

DISCUSSION

This study found no difference between panic disorder patients and individuals with other anxiety disorders in the event rate of trauma, the proportion of individuals with events preceding the onset of the disorder, or the types of the events. These results extend and replicate the negative findings reported by Rapee et al. [1990]. The lack of a control group of non-anxious individuals and the retrospective nature of the interview data limits the generalizability of the findings. Moreover, the rates of trauma were relatively low when compared to other studies, which might have been related to the assessment procedure that we used.

However, despite these limitations, it can be concluded that individuals with panic disorder are not significantly different in their trauma history from individuals with other anxiety disorders. This questions the validity of the hypothesis that panic disorder patients show a trauma history that is uniquely different from individuals with other anxiety disorders. Future research should investigate whether any environmental conditions (such as family environment or peer relations) are specifically related to the onset of panic disorder.

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